

STATE OF MAINE

Individual Training and Experience supplemental sheet to HHE form 850

INSTRUCTIONS: This must be completed for all personnel who will be working with or supervising activities involved with radioactive material. Copies of this sheet may be made as needed. Additional information may be required. Consult the specific license application guide for more information.

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1. Name and Title of Person (please prin	nt or type)			
2. Training	Where	How Long (weeks)	Formal Course	On-the job
Principles and practices of radiation protection		(weekey		
b) Radioactivity measurement standardization and monitoring techniques and intrumentation c) Mathematics and calculations basic to use and measurement of radioactivity				
d) Biological effects of radiation				
4. Certification: I certify that the above men	ntioned information is true and corre	ct.		
Signature:		ı	Date	